PAGE 1 OF 6 FOR SE OF FORM 24/4						
	NAME OF COMMITTE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼					
	ational regions of the ation of		C co	00490375		
Ch	Check If 24-hour report X 48-hour report New report Amends report filed on					
Т	Full Name (Last, First, Middle Initial) of Payee	Date				
١	National Nurses United	M	M /	03	Y Y Y Y Y Y 2012	
ľ	Mailing Address 2000 Franklin Street	Amoun		00	2012	
ŀ	City State Zip Code	Amoun				
١	Oakland CA 94612	Transac	tion ID :	D486199	677.11	
İ	Purpose of Expenditure Reimbursement - staff time (estimate) Category/ Type	Office Sough	t: X	House Senate	State: CA District: 41	
ŀ	Name of Federal Candidate Supported or Opposed by Expenditure:			President		
	MARK TAKANO	Check One:	X	Support	Oppose	
	Calendar Year-To-Date Per Election for Office Sought 36951.99	Disbursemen 2012 Oth	t For:	Primary ify)	General	
Ī	Full Name (Last, First, Middle Initial) of Payee	Date				
	National Nurses United		11 /	03	2012	
	Mailing Address 2000 Franklin Street					
ŀ		Amoun	t			
١	City State Zip Code Oakland CA 94612	Transact	tion ID	D496200	677.11	
ı	Purpose of Expenditure Reimbursement - staff time (estimate) Category/	Office Sough		D486200 House	State:	
	· · /			Senate President	District:	
١	Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One:		Support	Oppose	
ł	Calendar Year-To-Date Per Election	Disbursemen	t For:	Primary	☐ General	
١	for Office Sought	2012	ner (spec			
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
			-7-	7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Carolyn Hietamaki [Electronically Filed] Date	M M /	D D D		YYY	
	Signature Date	11	03	201	4	

(SCHEDULE E)	PAGE 2 OF 6 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection	C C00490375			
Check If 24-hour report	ort filed on			
Full Name (Last, First, Middle Initial) of Payee	Date			
Autumn Press	M M / D D / Y Y Y Y			
Mailing Address 945 Camelia St	11 03 2012			
City.	Amount			
City State Zip Code Berkeley CA 94710-1437	674.88			
Purpose of Expenditure Category/ Printing Type	Office Sought: House State: CA Senate District: 41			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
MARK TAKANO	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date 11 03 2012			
Mailing Address 945 Camelia St				
	Amount			
City State Zip Code Berkeley CA 94710-1437	674.88 Transaction ID : D486202			
Purpose of Expenditure Printing Category/ Type	Office Sought: House State: Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
Barack Obama	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Carolyn Hietamaki [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature [Electronically Filea] Date	2012			

(SCHEDULE E)	PAGE 3 OF 6 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection	C C00490375			
Check If 24-hour report X 48-hour report New report Amends report	i filed on			
Full Name (Last, First, Middle Initial) of Payee	_			
California Nurses Association	Date M M / D D / Y Y Y Y Y Y Y Y Y			
Mailing Address 2000 Franklin Street	Amount			
City State Zip Code				
Oakland CA 94612	800.00 Transaction ID : D486203			
Purpose of Expenditure Reimburse travel Exp (estimate) Category/ Type	Office Sought: House State: CA Senate District: 41			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
MARK TAKANO	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee California Nurses Association	Date M			
Mailing Address 2000 Franklin Street	Amount			
City State Zip Code				
Oakland CA 94612	800.00 Transaction ID : D486204			
Purpose of Expenditure Reimburse travel Exp (estimate) Category/ Type	Office Sought: House State: Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
Barack Obama	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	•			
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Carolyn Hietamaki [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = 11 03 2012			
Signature	للتنا لتا للا			

SCHEDULE E) PAGE 4 FOR SE OF					
NAME OF COMMITTE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼					
	C00490375				
Check If 24-hour report X 48-hour report New report Amends report filed on					
Full Name (Last, First, Middle Initial) of Payee					
National Nurses United	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 2000 Franklin Street	2012				
City State Zip Code Amount					
Oakland CA 94612 Transaction ID	860.00				
Purpose of Expenditure Reimbursement - staff travel (estimate) Category/ Type Category/ Type	House State: CA				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 41				
MARK TAKANO Check One:	Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2012 Other (specific	Primary General				
Full Name (Last, First, Middle Initial) of Payee Date					
National Nurses United	/ D D / Y Y Y Y Y Y Y Y 2012				
Mailing Address 2000 Franklin Street					
City State Zip Code Amount					
Oakland CA 94612 Transaction IE	860.00 D : D486206				
Purpose of Expenditure Reimbursoment staff travel (actimate) Category/ Category/	House State:				
Туре	Senate District: 00 President				
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check One:	Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2012 Other (specific	Primary General				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	4 1 4				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed] Date 11 03	/ Y Y Y Y Y Y 2012				
Signature Date 11 03	2012				

(SCHEDULE E)	PAGE 5 OF 6 FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼					
National Nurses United for Patient Protection	C C00490375				
Check If 24-hour report X 48-hour report New report Amends report filed on					
Full Name (Last, First, Middle Initial) of Payee					
NNU Patient Protection	Date M M / D D / Y Y Y Y Y Y Y Y Y				
Mailing Address 8630 Fenton St	11 05 2012				
Ste 1100	Amount				
City State Zip Code	5040.00				
Silver Spring MD 20910-3836	Transaction ID : D486207				
Purpose of Expenditure Estimate of canvas workers Category/ Type	Office Sought: House State: CA Senate District: 41				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
MARK TAKANO C	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought	Other (specify)				
Full Name (Last, First, Middle Initial) of Payee NNU Patient Protection	Date 11 03 2012				
Mailing Address 8630 Fenton St	11 03 2012				
Ste 1100	Amount				
City State Zip Code	5040.00				
Silver Spring MD 20910-3836	Transaction ID : D486208				
Purpose of Expenditure Estimate of canvas workers Category/ Type	Office Sought: House State: Senate District: 00				
Name of Federal Candidate Supported or Opposed by Expenditure:	President ————				
Barack Obama C	Check One: Support Oppose				
L Calcilual Teal-10-Date Fel Election	Disbursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed] Date	11 03 2012				
Signature	00 2012				

SCHEDULE E)	PAGE 6 OF 6 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection	C C00490375			
Check If 24-hour report X 48-hour report New report Amends repo	ort filed on			
Full Name (Last, First, Middle Initial) of Payee				
National Nurses United	Date 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2000 Franklin Street	Amount			
City State Zip Code				
Oakland CA 94612	2100.00 Transaction ID : D486209			
Purpose of Expenditure Reimbursement - staff time (estimate) Category/ Type	Office Sought: House State: CA Senate District: 41			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
MARK TAKANO	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 36951.99	Disbursement For: Primary General 2012 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee National Nurses United	Date 11 03 2012			
Mailing Address 2000 Franklin Street	Amount			
City State Zip Code	7.81154.11			
Oakland CA 94612	2100.00 Transaction ID : D486210			
Purpose of Expenditure Reimbursement - staff time (estimate) Category/ Type	Office Sought: House State: Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President —			
Barack Obama	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	20303.98			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Carolyn Hietamaki [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				